



**Maine Center for Disease
Control and Prevention**

*An Office of the
Department of Health and Human Services*

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-8016; Fax: (207) 287-9058
TTY Users: Dial 711 (Maine Relay)

Tel. (207) 287-2070

Drinking Water Program

Fax (207) 287-4172

RECORD SEARCH REQUEST

DOCUMENTS DATED PRIOR TO JULY 1974 ARE NOT ON FILE IN THIS OFFICE.

In order for the Division to conduct a search of our records, this form must be completed and mailed along with a **\$15.00** fee.

We search a five year span for the \$15.00. Please make a check or money order payable to "Treasurer State of Maine".

The Division does not guarantee that a record will be located, only that a search shall be conducted.
Allow at least 4 weeks for the search to be completed.

Please complete this form and return it with a check to the following address:

Subsurface Wastewater Program
Record Search
286 Water Street, 3rd Floor
Augusta ME 04333
Phone # 207-287-7690

LOCATION INFORMATION

Original Owner/Applicant Name: _____

This may be a person / persons / construction company or corporation. Owner when system was installed. ***Very critical to our search!!***

Note: Your results may depend on the accuracy of the information you give us.
Please take the time to fill in the following information very carefully.

Permit Number, if known: _____

Name of Subdivision: _____ Lot #: _____

Street address: _____ Route # ? _____ Town: _____

Year of Installation: _____ Write a single year or your best estimation of that year.

Number of bedrooms: _____ Size of property _____ acres / sq.ft.

NOTE: We will search a 5 year span around the year you've given us.

CONTACT INFORMATION

Please fill out the following information where the hard copy will be sent.
You will receive a response if files are located or not.

NAME: _____

ADDRESS: _____

CONTACT PHONE: _____

E-MAIL ADDRESS: _____

RECEIVE
STAMP

Do not write below / SST record only.

_____ list _____ full neg _____
line _____

_____ list _____ full neg _____
line _____

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notes: